

Chapter 9

Inpatient Treatment Records

Section I General

9-1. For whom prepared

a. An ITR will be prepared for—

.(1) Every bed patient (military or civilian) in a fixed or field hospital, fixed health clinic, or convalescent center.

.(2) Each liveborn infant delivered in one of those MTFs.

.(3) CRO cases (para 3-19).

.(4) NATO patients (para 9-6).

b. An ITR will not be prepared for—

.(1) Stillbirths. (There will be no separate record made for the stillbirth. Forms and information pertaining to the stillbirth will be included in the mother's ITR.)

.(2) MTFs supporting combat operations if the theatre surgeon or equivalent considers their use impractical and if DD Form 1380 has been approved for use.

c. For a nonfixed MTF using ITRs, instructions for preparation will be provided by the MEDDAC or MEDCEN in whose geographical area the nonfixed facility is operating. Disposition will be in accordance with AR 25-400-2.

9-2. Inpatient forms and documents

a. See paragraph 3-3 for guidance concerning approval of forms and documents.

b. All ITR forms will be fastened into the proper DA Form 3444-series folder. During treatment, the forms will be arranged in the order prescribed by the MTF commander. When the patient is discharged or transferred, the forms will be arranged in the order in which they are listed in figure 9-1. The forms listed in figure 9-1 are available through normal publications supply channels. The same numbered forms will be grouped chronologically, except for laboratory and radiology reports, which will be filed in reverse chronological order. DA Form 4700 may be filed immediately after an SF or DA form when it is supplemental to that form (excluding SF 600). DA Form 4700 will identify the SF or DA form in the lower right identification block following "Other." In all other instances, DA Form 4700 will be filed in accordance with figure 9-1.

.(1) ITRs for previous admissions (except those already retired in accordance with AR 25-400-2) will be filed in the same folder. They will be put in reverse chronological order (the most recent admissions on top) and separated by locally devised dividers.

.(2) All copies of ITRs transferred with a patient will be kept as a part of his or her current ITR. However, copies of forms from transferred records will not be interfiled with the forms of the current ITR.

c. Although administrative documents are not a part of the ITR itself, they should be filed in the ITR folder.

.(1) The ITR will include a copy of any notification to an emergency addressee or next-

of-kin (AR 600–8–1). It will also include copies of any reports to military or civil authorities, including birth and death certificates (AR 40–400). Copies of reports to military or civil authorities may not be available, for example, when made by telephone or by summary report form. In this case, the following information will be put in a memorandum for record:

- .(a) The fact and date of notification.
 - .(b) The diagnostic terminology used.
 - .(c) The name and title of the person notified. (The original memorandum for record will be filed in the ITR; a copy of it will be sent immediately to the patient’s attending physician for his or her information.)
- .(2) Advance directives (durable powers of attorney for health care, living wills, and so forth), are one way in which a patient can communicate his or her intent with regard to the provision of health care in the event the patient is incapacitated. 42 USC 1395cc(f)(1)(A) requires MTFs and other health-care facilities to provide written information to each patient on that patient’s right under the law of the State in which the MTF is located, to make decisions regarding medical care in the event the patient is incapacitated. This includes the patient’s right to accept or refuse medical or surgical treatment and the right to formulate advance directives. Further, the MTF must provide the patient with the MTFs policies regarding the implementation of the patient’s rights with regard to advance directives. Such information must be provided to a patient at the time of the patient’s admission to the MTF in an inpatient status. 42 USC 1395cc(f)(1) requires all MTFs and other medical care facilities to document in an individual’s medical record whether or not that person has executed an advance directive. In accordance with 10 USC 1044c and AR 40–3, chapter 2, advance directives shall be given legal effect in accordance with State law. DODD 1350.4 gives requirements for the preparation of military advance directives. The MTF commander will consult with a judge advocate for legal advice in each case involving the implementation or interpretation of an advance directive. Advance directives should also be filed with administrative documents on the left side of the folder in the DA Form 3444-series folders and on the right side of the folder in the DA Form 8005-series folders.
- .(3) Unless authorized by this regulation, only documents prepared by authorized AMEDD personnel will be filed in the ITR. However, this restriction does not prohibit the use of other documents by attending physicians and does not prohibit the filing of other documents in the ITR as summaries or pertinent brief extracts. If filed, patient identification data as well as the source and the physician under whom the reports were prepared must be identified.

9-3. Fetal monitoring strips

a. Identification procedures for fetal monitoring strips are provided in (1) through (5), below.

.(1) Identify and file fetal monitoring strips in envelopes that can be filed efficiently in the standard fiberboard boxes that are used to retire records. (For example, two rows of 6 1/2- by 9 1/2-inch envelopes can be filed in these boxes.) Keep the strips on the obstetrical unit with the prenatal record until delivery.

.(2) After delivery, put the information described in (*a*) through (*d*), below, on the envelopes that contain the fetal monitoring strips. Put the data on the plate imprint to the left margin.

.(*a*) Name and register number of infant. If the infant has not been named, record "baby boy" or "baby girl" with the last name.

.(*b*) Sponsor's name and SSN.

.(*c*) Name of MTF.

.(*d*) Date of birth.

.(3) The additional locator card received from admissions and dispositions may be destroyed after all the information on the card has been annotated on the envelope.

.(4) When the infant is discharged, send the monitoring strips to inpatient records.

b. Disposition procedures for fetal monitoring strips are provided in (1) through (5), below.

.(1) The inpatient records section will maintain the fetal monitoring strips as a separate file; strips will be filed in register number sequence.

.(2) Medical records personnel will verify that the register number of the infant has been written at the top of each envelope where it will be clearly visible when records are filed in boxes for retirement. The maximum use of filing space is possible when envelopes are arranged in two rows in the boxes. A label from the CHCS Medical Record Tracking Option may be affixed to the envelope. Add items of identification not printed on the label.

.(3) Fetal monitoring strips will be retained under the original register number of the infant and will not be brought forward to subsequent register numbers.

.(4) Special cases are described in (*a*) through (*d*), below.

.(*a*) Transfer of an undelivered patient. When an undelivered patient is transferred, copies of all fetal monitoring strips prepared are sent with the copy of the ITR of the patient.

.(*b*) Transfer of newborn. When a newborn infant is transferred during initial hospitalization, a copy of the fetal monitoring strip is forwarded with the patient.

.(*c*) Stillborn infants. Fetal monitoring strips for stillborn infants are filed under the register number of the mother.

.(*d*) Other special cases. When it cannot be determined that prenatal care terminated in hospitalization or delivery, the outpatient fetal monitoring strips are sent to the inpatient medical records section. These strips are filed alphabetically and retired alphabetically in the last box of fetal monitoring strips being retired for that year. "No Register Number" is entered on the envelope.

.(5) Fetal monitoring strips will be retired in accordance with AR 25-400-2, file numbers 40-66f and 40-66g. MEDCENs will retire the strips 5 years after the end of the

year of birth; Army community hospitals will retire the strips 1 year after the end of the year of birth. Fetal monitoring strips will be retired in register number sequence (except as described in (5)(d), above).

.c. The USAMEDCOM or the 18th Medical Command must approve filing fetal monitoring strips in microform, compact disc, or other format.